

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>19/20/01</i>		
O.I.P.E. CLASSIFIER			<i>12-1-01</i>
FORMALITY REVIEW	<i>H.T.</i>	<i>1117</i>	<i>12/01/01</i>
RESPONSE FORMALITY REVIEW			

*09/993762*

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 " ..... Allowed I ..... Interference  
 - (Through numeral) ..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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*12-1-01*